



APPLICATION FOR CITY OF RENTON BUSINESS LICENSE  
COMMERCIAL

**Business CANNOT operate until the application has been approved**

**GENERAL BUSINESS LICENSE Required:** Every business enterprise, including those with a temporary or portable sales location, shall first obtain from the Finance Director a general business license for the current calendar year or unexpired portion thereof. A Business License is required for each physical location where jobs occur. The license shall be nontransferable. *Reference Renton Municipal Code Title 5 Chapter 5.*

Business Name & Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Names & Telephone

1. \_\_\_\_\_  
2. \_\_\_\_\_

City of Renton Application # \_\_\_\_\_

WA State UBI # \_\_\_\_\_

Owner Name and Address

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Date Business to open in City of Renton \_\_\_\_\_

Describe Type of Business:

\_\_\_\_\_

**Contractors, plumbers, electricians, etc. please complete**

Contractor's License \_\_\_\_\_

Address where work to be performed \_\_\_\_\_

Date work starts \_\_\_\_\_

Describe Type of Business

\_\_\_\_\_

Business License Fees: Current Annual Reporting Period

1. Total hours worked for reporting period:	_____
2. Divide by:	1,920
3. FTE: Line 1 divided by Line 2	_____
4. FEE Calculation (Line 3 x \$55.00)	\$
5. Minimum Fee:	\$55.00
6. Business License Fee: Greater of Line 4 or Line 5:	_____

I hereby certify that the statements and information furnished by me on this application are true and complete, to the best of my knowledge. I acknowledge that the statements and information furnished by me on this application are public records and are available for public inspection pursuant to State of Washington RCW 42-17-260.

**SIGNATURE:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Return Completed Application with  
payment to:

City of Renton License Division  
1055 South Grady Way  
Renton, WA 98057  
Phone: 425-430-6851 Fax: 425-430-6855

FOR OFFICE USE ONLY

Amount	How Paid	Date	Planning Dept	Bldg Dept	Fire Dept
			Date	Date	Date

## STRUCTURE INFORMATION

1. Square footage of the business? \_\_\_\_\_ Date Business Opened \_\_\_\_\_  
 a. Briefly describe type of business.  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Is the premise protected by a fire alarm? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If yes) Name of Fire Alarm Company \_\_\_\_\_  
 Name of Central Monitoring Company \_\_\_\_\_
3. Is the premise protected by a sprinkler system? Yes \_\_\_\_\_ No \_\_\_\_\_

YES	NO
-----	----

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. <b>IS THIS A BUSINESS LICENSE RENEWAL</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. <b>IF YES TO THE ABOVE QUESTION, HAS THIS BUSINESS CHANGED SINCE THE ORIGINAL LICENSE APPROVAL?</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. <b>WILL THE APPEARANCE OF YOUR BUSINESS BE CHANGED BY ANY OF THE FOLLOWING:</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | a) exterior display   |
| <input type="checkbox"/> | <input type="checkbox"/> | b) exterior building alteration   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) added parking  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) exterior storage   |
| <input type="checkbox"/> | <input type="checkbox"/> | e) interior remodel or alteration   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. <b>WILL YOUR BUSINESS:</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | a) have window displays   |
| <input type="checkbox"/> | <input type="checkbox"/> | b) have signs other than are permitted in compliance with the provisions of the "Renton Sign Code", also known as Title IV, Chapter 4, Section 100. |
| <input type="checkbox"/> | <input type="checkbox"/> | c) use flammable and/or combustible liquids or other hazardous materials  |
- If yes, provide the following information.  
 (attach additional pages if more space is needed):
- Chemical Name \_\_\_\_\_
- Amount: \_\_\_\_\_
- Purpose of its use: \_\_\_\_\_

**IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS, PLEASE EXPLAIN IN DETAIL BELOW (USE ADDITIONAL SHEETS IF NEEDED):**

\_\_\_\_\_

\_\_\_\_\_

5. **OCCUPANT LOAD OF BUSINESS PREMISES:**

Over 49 persons requires that a OCCUPANT LOAD sign be posted. Please indicate number of persons on the business premises: \_\_\_\_\_

**BUSINESS REQUIREMENTS:**

- NOTE: Restaurant and Food Handlers are required to submit a copy of their Health Department Certificate with their City of Renton Business License Application. (WAC 246-217)
- NOTE: Portable fire extinguishers must be provided, 2A-10BC minimum size. Exact number and placement details can be obtained from Fire Prevention. Annual service required.
- NOTE: Annual inspections will be conducted by the City's Fire Department, per adopted City Ordinances.
- NOTE: Prior to commencing your business, you may be required to meet with Fire and/or the Building Department and the Water Utility to determine whether your business will meet all applicable City codes for the type of business proposed.
- NOTE: Permits may be required from Fire and/or the Building Department and the Water Utility for your proposed use, operation or remodeling.